

JUL 09 2018

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name Lee Anne Velez
Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914-632-2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2018
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>178</u> <u>146</u>	<u>17</u>
Total Amount Received	<u>200</u>	<u>-0-</u>
Total Amount Utilized	<u>222</u>	<u>-0-</u>
*Total Amount Lost	<u>-0-</u>	<u>-0-</u>
Ending Amount on Hand	<u>124</u>	<u>17</u>
Number of Dogs Euthanized	<u>11</u>	<u>—</u>
Number of Cats Euthanized	<u>39</u>	<u>—</u>
Other Species Euthanized (specify) <u>Bird</u>	<u>13</u>	<u>—</u>

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/6/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

7-6-2018
Date

[Signature]
Signature of Officer of Society or Facility

7/7/18
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

Quarterly Controlled Substance Inventory Form for
Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name Lee Anne Veley
Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914 632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2018
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>324</u>	<u>17</u>
Total Amount Received	<u>- 0 -</u>	<u>- 0 -</u>
Total Amount Utilized	<u>178</u>	<u>- 0 -</u>
*Total Amount Lost	<u>- 0 -</u>	<u>- 0 -</u>
Ending Amount on Hand	<u>146</u>	<u>17</u>
Number of Dogs Euthanized	<u>17</u>	<u>- 0 -</u>
Number of Cats Euthanized	<u>29</u>	
Other Species Euthanized (specify) <u>rat, rabb. T, Bird</u>	<u>3</u>	<u>- 0 -</u>

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 4/4/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Lee Anne Veley
Signature of Agent

4-4-18
Date

[Signature]
Signature of Officer of Society or Facility

4/4/18
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

JAN 11 2018

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name _____
Address 70 Portmon Road
New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914 632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number _____

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>502.5</u>	<u>17.0</u>
Total Amount Received	<u>-0-</u>	<u>-0-</u>
Total Amount Utilized	<u>178.5</u>	<u>-0-</u>
*Total Amount Lost	<u>-0-</u>	<u>-0-</u>
Ending Amount on Hand	<u>324</u>	<u>17.0</u>
Number of Dogs Euthanized	<u>14</u>	<u>-</u>
Number of Cats Euthanized	<u>52</u>	<u>-</u>
Other Species Euthanized (specify)	<u>0</u>	<u>-</u>

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 1/3/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

1-3-18
Date

[Signature]
Signature of Officer of Society or Facility

1/5/18
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

OCT 23 2017

Title 10 of New York State Rules and Regulations, Part 101.4, states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name _____
Address 70 Portmen Road
New Rochelle State NY Zip 10605 County Westchester
Telephone Number 914-632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>239-</u>	<u>17.0</u>
Total Amount Received	<u>500-</u>	<u>0</u>
Total Amount Utilized	<u>236.5</u>	
*Total Amount Lost	<u>-</u>	
Ending Amount on Hand	<u>502.5</u>	<u>17.0</u>
Number of Dogs Euthanized	<u>13</u>	<u>0</u>
Number of Cats Euthanized	<u>41</u>	<u>0</u>
Other Species Euthanized (specify)	<u>1 Bird 3 Squirrels 1 Rabbit</u>	<u>0</u>

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 10/10/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

10-10-17
Date

[Signature]
Signature of Officer of Society or Facility

10-10-17
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

JUL 10 2017

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or authorized agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name _____
Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914 - 632 - 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number _____

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>505.50</u>	<u>18.5</u>
Total Amount Received		<u>- 0 -</u>
Total Amount Utilized	<u>266.50</u>	<u>1.5</u>
*Total Amount Lost		<u>- 0 -</u>
Ending Amount on Hand	<u>239.00</u>	<u>17.0</u>
Number of Dogs Euthanized	<u>15</u>	<u>1</u>
Number of Cats Euthanized	<u>59</u>	
Other Species Euthanized (specify)	<u>rabbit 3 chipmunk 1 squirrel 1 Bird 1</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/7/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent
7/7/17
Date

[Signature]
Signature of Officer of Society or Facility
7-7-17
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

APR 21 2017

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name Joyce Holtz
Address 70 Portman Road
New Rochelle State NY Zip 10806 County Westchester
Telephone Number 914-632-2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	545.50	20.0
Total Amount Received	100 -	- 0 -
Total Amount Utilized	140 -	1.5
*Total Amount Lost	- 0 -	0
Ending Amount on Hand	505.50	18.5
Number of Dogs Euthanized	12	1
Number of Cats Euthanized	33	0
Other Species Euthanized (specify)	goose 1 rabbit 3 squirrel 3 hamster - 1	0

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 4/10/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holtz
Signature of Agent
4/10/17
Date

[Signature]
Signature of Officer of Society or Facility
4/10/17
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

Bureau of Narcotic Enforcement

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Facility Name Humane Society of Westchester
 Agent's Name Joyce Holtz
 Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
 Telephone Number 914 632 2925
 Bureau of Narcotic Enforcement Certificate Number 10026
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	243	25.5
Total Amount Received	500	0
Total Amount Utilized	197.5	5.8
*Total Amount Lost	0	0
Ending Amount on Hand	545.50	20.0
Number of Dogs Euthanized	19	5
Number of Cats Euthanized	28	0
Other Species Euthanized (specify)	squirrel-2 rat-1 bird-1	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 1/4/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holtz
 Signature of Agent

1/4/17
 Date

[Signature]
 Signature of Officer of Society or Facility

1/4/17
 Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
 Riverview Center
 150 Broadway
 Albany, NY 12204
 (866) 811-7957

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

OCT 17 2016

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

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Facility Name Humane Society of Westchester
Agent's Name Joyce Holtz
Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914 632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>429.50</u>	<u>37</u>
Total Amount Received	<u>- 0 -</u>	<u>- 0 -</u>
Total Amount Utilized	<u>186.5</u>	<u>11.5</u>
*Total Amount Lost	<u>- 0 -</u>	<u>-</u>
Ending Amount on Hand	<u>243</u>	<u>25.5</u>
Number of Dogs Euthanized	<u>13</u>	<u>7</u>
Number of Cats Euthanized	<u>33</u>	<u>- 0 -</u>
Other Species Euthanized (specify)	<u>1-mouse 1-Bird 1-squirrel</u> <u>1-rabbit</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 10/12/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holtz
Signature of Agent

[Signature]
Signature of Officer of Society or Facility

10/12/16
Date

10/12/16
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

NYS Department of Health

JUL 13 2016

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for
Bureau of Narcotic Enforcement

Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester (New Rochelle)

Agent's Name _____

Address 70 Portman Road

New Rochelle

State NY

Zip 10605

County Westchester

Telephone Number 914 632 2925

Bureau of Narcotic Enforcement Certificate Number 10026

DEA Number _____

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>109.50</u>	<u>42</u>
Total Amount Received	<u>500</u>	<u>5</u>
Total Amount Utilized	<u>180</u>	<u>5</u>
*Total Amount Lost	<u>429.50</u>	<u>37</u>
Ending Amount on Hand	<u>429.50</u>	<u>37</u>
Number of Dogs Euthanized	<u>15</u>	<u>3</u>
Number of Cats Euthanized	<u>43</u>	<u>0</u>
Other Species Euthanized (specify)	<u>5</u>	<u>0</u>

Bird chipmunk = 1 rabbit 2

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/2/16 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

[Signature], Treasurer, HSW
Signature of Officer of Society or Facility

7/2/16
Date

7-7-16
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

APR 11 2016

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for
Humane Societies

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Facility Name Humane Society of Westchester New Rochelle Humane Soc
 Agent's Name Joyce Holtz
 Address 70 Portman Road
White Pt New Rochelle State NY Zip 10801 County Westchester
 Telephone Number 914 632 2925
 Bureau of Narcotic Enforcement Certificate Number 10026
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>254</u>	<u>52</u>
Total Amount Received		
Total Amount Utilized	<u>144.5</u>	<u>10</u>
*Total Amount Lost		
Ending Amount on Hand	<u>109.50</u>	<u>42</u>
Number of Dogs Euthanized	<u>14</u>	<u>6</u>
Number of Cats Euthanized	<u>18</u>	<u>0</u>
Other Species Euthanized (specify)	<u>1 rabbit 1 Rat 1 Seagull</u>	<u>0</u>

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 4/6/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holtz
 Signature of Agent
4/6/16
 Date

[Signature]
 Signature of Officer of Society or Facility
4-6-16
 Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
 Riverview Center
 150 Broadway
 Albany, NY 12204
 (866) 811-7957

Quarterly Controlled Substance Inventory Form for
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Facility Name Humane Society of Westchester / New Rochelle Humane Society
Agent's Name Joyce Holtz
Address 170 Portman Road
New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914 632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter ④ (1) (2) (3) (4) of year 2015
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	474	12
Total Amount Received	0	50
Total Amount Utilized	220	10
*Total Amount Lost	0	-0-
Ending Amount on Hand	254	52
Number of Dogs Euthanized	19	7
Number of Cats Euthanized	38	0
Other Species Euthanized (specify)	1 pigeon	0

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 1/5/16 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holtz
Signature of Agent
1/5/16
Date

[Signature]
Signature of Officer of Society or Facility
1/5/16
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
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Albany, NY 12204
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Facility Name New Rochelle Humane Society
Agent's Name Joyce Holz
Address 70 Portman Road
New Rochelle State NJ Zip 10881 County Westchester
Telephone Number 914 632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2015
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>172</u>	<u>30</u>
Total Amount Received	<u>500</u>	<u>-0-</u>
Total Amount Utilized	<u>198</u>	<u>18</u>
*Total Amount Lost	<u>494</u>	<u>12</u>
Ending Amount on Hand	<u>494</u>	<u>12</u>
Number of Dogs Euthanized	<u>16</u>	<u>9</u>
Number of Cats Euthanized	<u>34</u>	<u>-0-</u>
Other Species Euthanized (specify) <u>Rabbits</u>	<u>3</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 10/7/15 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

10/7/15
Date

[Signature]
Signature of Officer of Society or Facility
10/8/15
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

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Riverview Center
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Albany, NY 12204
(866) 811-7957